

TIPS:

HOW TO REQUEST MEDICAID COVERAGE FOR:

DISPOSABLE DIAPERS - PULL-UPS – FORMULA - NUTRITIONAL SUPPLEMENTS

MEDICATION & OVER-THE-COUNTER DRUGS THAT REQUIRE PRIOR AUTHORIZATION

You will need to obtain the following information from the doctor in order to request Medicaid coverage:

1. LETTER OF MEDICAL NECESSITY must include:

- ☐ Child's: Name; Address; Date of Birth; Social Security Number; Phone Number
- ☐ Diagnosis (**list all**) and include height, weight and medications.
- ☐ Detailed medical justification for:
 - ⇒ **Diapers**, e.g., incontinence, skin breakdown, need for more frequent changes, etc. *Note: 250 diapers per month are the maximum allowed by Medicaid.*
 - ⇒ **Pull-ups:** *Note Include statement that child is being toilet trained.*
 - ⇒ **Nutritional supplements, formula**, e.g., tube-feedings, feeding/swallowing difficulties, weight or nutrition issues, etc. *Note: Include Growth Chart.*
 - ⇒ **Medication, over-the-counter-drugs, vitamins, ointments, etc.** document clinical need.

2. PRESCRIPTION signed and dated from Primary Care or Specialty Physician & include:

- ☐ Child's: Name; Address; Date of Birth; Social Security Number
- ☐ Specific identification of the prescribed item including amount per month.
- ☐ Estimated length of time that the item will be used, e.g., six months, twelve months, etc.

The pharmacy or durable medical equipment company will submit the letter and prescription to the Division of Medical Assistance and they should get an answer to you within 14 days.

⇒ **Keep copies for your records.**

If you have any questions call the Department of Public Health at **1-800-882-1435 • TTY: 617-624-5992** and ask for the Care Coordination Program in your Region.

NOTE: For children who are **legally blind** and receiving Medicaid through the Mass. Commission For The Blind, call them at **1-800-392-6450** for information on Medicaid coverage.